

From the
INTERNATIONAL PRELIMINARY EXAMINING AUTHORITY 29 NOV 1999

PCT

To:

WILEMAN, CONNELLY, MANNION, et al
Wyeth Laboratories
Huntercombe Lane South
Taplow Maidenhead Berks SL6 0PH
GRANDE BRETAGNE

PATENTS DEPT.

NOTIFICATION OF RECEIPT
OF DEMAND BY COMPETENT INTERNATIONAL
PRELIMINARY EXAMINING AUTHORITY

(PCT Rules 59.3(e) and 61.1(b), first sentence
and Administrative Instructions, Section 601(a))

Date of mailing
(day; month; year)

25.11.99

Applicant's or agent's file reference

33377-00/PCT

IMPORTANT NOTIFICATION

International application No.

PCT/US 99/09486

International filing date (day; month; year)

29/04/1999

Priority date (day; month; year)

29/04/1998

Applicant

AMERICAN CYANAMID COMPANY et al.

1. The applicant is hereby notified that this International Preliminary Examining Authority considers the following date as the date of receipt of the demand for international preliminary examination of the international application:

12/11/1999

2. This date of receipt is:



the actual date of receipt of the demand by this Authority (Rule 61.1(b)).



the actual date of receipt of the demand on behalf of this Authority (Rule 59.3(e)).



the date on which this Authority has, in response to the invitation to correct defects in the demand (Form PCT/IPEA/404), received the required corrections.

- 3.



ATTENTION: That date of receipt is **AFTER** the expiration of 19 months from the priority date. Consequently, the election(s) made in the demand does (do) not have the effect of postponing the entry into the national phase until 30 months from the priority date (or later in some Offices) (Article 39(1)). Therefore, the acts for entry into the national phase must be performed within 20 months from the priority date (or later in some Offices) (Article 22). For details, see the *PCT Applicant's Guide*, Volume II.



(If applicable) This notification confirms the information given by telephone, facsimile transmission or in person on:

4. Only where paragraph 3 applies, a copy of this notification has been sent to the International Bureau.

Name and mailing address of the IPEA:

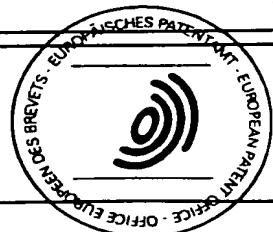


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The demand must be filed directly with the one chosen by the applicant.

the competent International Preliminary Examining Authority or, if two or more Authorities are designated, the one chosen by the applicant. The full name or two-letter code of that Authority, as indicated by the applicant on the line

may be indicated by the applicant on the line

IPEA/ EP

PCT

CHAPTER II

DEMAND

under Article 31 of the Patent Cooperation Treaty:
The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty and hereby elects all eligible States (except where otherwise indicated).

For International Preliminary Examining Authority use only

Identification of IPEA		Date of receipt of DEMAND	
Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION		Applicant's or agent's file reference 33377-00 / PCT	
International application No. PCT/US99/09486	International filing date (day/month/year) 29 APRIL 1999 (29/04/99)	(Earliest) Priority date (day/month/year) 29 APRIL 1998 (29/04/98)	
Title of invention VACCINES CONTAINING RECOMBINANT PILIN AGAINST NEISSERIA GONORRHOEAE OR NEISSERIA MENINGITIDIS			
Box No. II APPLICANT(S)			
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) AMERICAN CYANAMID COMPANY A CORPORATION OF MAINE FIVE GIRALDA FARMS MADISON, NEW JERSEY 07940 UNITED STATES OF AMERICA		Telephone No.: (973) 683-2157	
		Facsimile No.: (973) 683-4117	
		Teleprinter No.:	
State (that is, country) of nationality: UNITED STATES OF AMERICA		State (that is, country) of residence: UNITED STATES OF AMERICA	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) METCALF, III, THOMAS N. 10 CAYWOOD LANE FAIRPORT, NEW YORK 14450 UNITED STATES OF AMERICA			
State (that is, country) of nationality: UNITED STATES OF AMERICA		State (that is, country) of residence: UNITED STATES OF AMERICA	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) ZAGURSKY, ROBERT J. 569 FOX HUNT DRIVE VICTOR, NEW YORK 14564 UNITED STATES OF AMERICA			
State (that is, country) of nationality: UNITED STATES OF AMERICA		State (that is, country) of residence: UNITED STATES OF AMERICA	
<input checked="" type="checkbox"/> Further applicants are indicated on a continuation sheet.			

Continuation of Box No. II APPLICANT(S)

If none of the following sub-boxes is used, this sheet is not to be included in the demand.

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

OOI, PEGGY
494 MAIN STREET FISHERS
MENDON, NEW YORK 14506
UNITED STATES OF AMERICA

State *(that is, country)* of nationality:
UNITED STATES OF AMERICA

State *(that is, country)* of residence:
UNITED STATES OF AMERICA

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

State *(that is, country)* of nationality:

State *(that is, country)* of residence:

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

State *(that is, country)* of nationality:

State *(that is, country)* of residence:

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

State *(that is, country)* of nationality:

State *(that is, country)* of residence:

☐

Further applicants are indicated on another continuation sheet.

Box No. III AGENT OR COMMON REPRESENTATIVE: OR ADDRESS FOR CORRESPONDENCE

The following person is ☒ agent ☐ common representative
 and ☒ has been appointed earlier and represents the applicant(s) also for international preliminary examination.
☐ is hereby appointed and any earlier appointment of (an) agent(s) /common representative is hereby revoked.
☐ is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.

Name and address: *(Family name followed by given name; for a legal entity, full official
The address must include postal code and name of country.)*

WILEMAN, DAVID F.; CONNELLY, MICHAEL J.; MANNION, SALLY K.;
 TALBOTT, DAWN J.; WALTERS, PHILIP BERNARD WILLIAM
 WYETH LABORATORIES
 HUNTERCOMBE LANE SOUTH
 TAPLOW, MAIDENHEAD
 BERKS SL6 OPH
 UNITED KINGDOM

Telephone No.:
(0628) 604377

Facsimile No.:
(0628) 799098

Teleprinter No.:

☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION**Statement concerning amendments:***

1. The applicant wishes the international preliminary examination to start on the basis of:

☒ the international application as originally filed.

the description ☒ as originally filed
☐ as amended under Article 34

the claims ☒ as originally filed
☐ as amended under Article 19 (together with any accompanying statement)
☐ as amended under Article 34

the drawings ☒ as originally filed
☐ as amended under Article 34

2. ☐ The applicant wishes any amendment to the claims under Article 19 to be considered as reversed.

3. ☐ The applicant wishes the start of the international preliminary examination to be postponed until the expiration of 20 months from the priority date unless the International Preliminary Examining Authority receives a copy of any amendments made under Article 19 or a notice from the applicant that he does not wish to make such amendments (Rule 69.1(d)). *(This check-box may be marked only where the time limit under Article 19 has not yet expired.)*

* Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

Language for the purposes of international preliminary examination: **ENGLISH**

- ☒ which is the language in which the international application was filed.
☐ which is the language of a translation furnished for the purposes of international search.
☐ which is the language of publication of the international application.
☐ which is the language of the translation (to be) furnished for the purposes of international preliminary examination.

Box No. V ELECTION OF STATES

The applicant hereby elects all eligible States *(that is, all States which have been designated and which are bound by Chapter II of the PCT)*

excluding the following States which the applicant wishes not to elect:

Box No. VI CHECK LIST

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:

- | | | |
|---|---|--------|
| 1. translation of international application | : | sheets |
| 2. amendments under Article 34 | : | sheets |
| 3. copy (or where required, translation) of amendments under Article 19 | : | sheets |
| 4. copy (or, where required, translation) of statement under Article 19 | : | sheets |
| 5. letter | : | sheets |
| 6. other (<i>specify</i>) | : | sheets |

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- | received | not received |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

The demand is also accompanied by the item(s) marked below:

- | | |
|--|---|
| 1. <input checked="" type="checkbox"/> fee calculation sheet | 4. <input type="checkbox"/> statement explaining lack of signature |
| 2. <input type="checkbox"/> separate signed power of attorney | 5. <input type="checkbox"/> nucleotide and or amino acid sequence listing in computer readable form |
| 3. <input type="checkbox"/> copy of general power of attorney; reference number, if any: | 6. <input type="checkbox"/> other (<i>specify</i>): |

Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand).


 ALAN M. GORDON
 AGENT FOR APPLICANT

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1. Date of actual receipt of DEMAND:
2. Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b):
3. ☐ The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply. ☐ The applicant has been informed accordingly.
4. ☐ The date of receipt of the demand is WITHIN the period of 19 months from the priority date as extended by virtue of Rule 80.5.
5. ☐ Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82.

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Demand received from IPEA on:

PCT

FEE CALCULATION SHEET

Annex to the Demand for international preliminary examination

International application No. PCT/US99/09486	For International Preliminary Examining Authority use only
Applicant's or agent's file reference ACY-33377	Date stamp of the IPEA
Applicant	
Calculation of prescribed fees	
1. Preliminary examination fee	EUR 1533 P
2. Handling fee <i>(Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.)</i>	EUR 148 H
3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">EUR 1681</div> <div style="border: 1px solid black; padding: 5px;">TOTAL</div>
Mode of Payment <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> authorization to charge deposit account with the IPEA (see below) <input type="checkbox"/> cheque <input type="checkbox"/> postal money order <input type="checkbox"/> bank draft </div> <div style="width: 45%;"> <input type="checkbox"/> cash <input type="checkbox"/> revenue stamps <input type="checkbox"/> coupons <input type="checkbox"/> other (specify): </div> </div>	
Deposit Account Authorization <i>(this mode of payment may not be available at all IPEAs)</i> The IPEA/ EP X is hereby authorized to charge the total fees indicated above to my deposit account. <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> <i>(this check-box may be marked only if the conditions for deposit accounts of the IPEA so permit)</i> is hereby authorized to charge any deficiency or credit any overpayment in the total fees indicated above to my deposit account. </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%;"> 2805.0053 Deposit Account Number </div> <div style="width: 30%;"> 12 November 1999 Date (day/month/year) </div> <div style="width: 30%; text-align: right;"> Dr D F Wileman Signature </div> </div>	